

**Town of Bedford**

Board of Health  
12 Mudge Way  
781-275-6507

**FOOD ESTABLISHMENT**  
**INITIAL PLAN REVIEW APPLICATION**

**Date received: (Board of Health Office use only)** \_\_\_\_\_

To Be Completed by **Establishment Operator**

Plan Review Fee \$75

Date completed: \_\_\_\_\_

Payment received: \_\_\_\_\_

Is this a:

\_\_\_\_\_ **New** establishment (yet to be constructed)?

\_\_\_\_\_ **Conversion** of an existing structure to be used as a food establishment?

\_\_\_\_\_ **Remodel** of an existing food establishment?

\_\_\_\_\_ **Change** of type of food establishment or food operation?

Category:

Restaurant	_____	Catering Operation	_____	Catered Feeding Location	_____	Retail Market/ Convenience Store	_____
Daycare	_____	Institution: School, Hospital, Nursing Home, etc., please describe: _____					

Other than listed above (please describe) \_\_\_\_\_

Name of establishment:

\_\_\_\_\_

Establishment address:

\_\_\_\_\_

Establishment phone number: \_\_\_\_\_

Establishment mailing address:

\_\_\_\_\_

Name of owner:

\_\_\_\_\_

Owner mailing address:

\_\_\_\_\_

Owner phone number: \_\_\_\_\_

Applicant name (if other than owner):

\_\_\_\_\_

Applicant title (manager, chef, etc.):

\_\_\_\_\_

Applicant mailing address:

\_\_\_\_\_

Applicant phone number

\_\_\_\_\_

Applicant email address

\_\_\_\_\_

If applicable, provide Name and Phone Number of Architect representing the owner/operator and submitting the required information:

Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

If applicable, provide Name and Phone Number of Kitchen Design Consultant or Firm representing the owner/operator and submitting the required information:

Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

## GENERAL INFORMATION

Hours of Operation:

Sun:	_____	Thurs:	_____
Mon:	_____	Fri:	_____
Tues:	_____	Sat:	_____
Wed:	_____		

Maximum Meals to be Served:  
(approximate daily number)

Breakfast	_____
Lunch	_____
Dinner	_____

Type of Service: Dining in Meals. ☐

(check all that apply) Take Out. ☐

Caterer. ☐

Mobile Vendor. ☐

Other. ☐

Number of seats available to customers: \_\_\_\_\_

Number of floors on which food is prepared, served or stored: \_\_\_\_\_

Total square feet of the facility: \_\_\_\_\_

Will the facility be serving food to a highly susceptible population? YES / NO

Projected date for start of project: \_\_\_\_\_

Projected date for completion of project: \_\_\_\_\_

## INTRODUCTION

This food establishment Plan Review document has been developed for the purpose of assisting the food establishment operator in planning, designing and building a facility that will satisfy State and Local Health Code requirements, be a safe environment for food, staff and customers, and also be of an efficient, effective design that will meet the operator's business needs.

A thorough review of plans helps to avoid future problems. Listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems can identify potential problems while on paper BEFORE costly purchases, installation and construction have been completed.

This guidance document is not intended to address all of the requirements for the approval of a food service establishment, but instead, is meant to highlight some of the most common sanitation and health issues that may arise in development and design.

The Food and Drug Administration (FDA) 1999 Food Code (adopted by the Commonwealth of Massachusetts in 2000) is used as a reference in completing this guide. Each food establishment is required to have available a current copy of the FDA 1999 Food Code and the Commonwealth of Massachusetts Sanitary Code Article X, 105 CMR 590.000. Copies can be obtained through the State Bookstore at (617) 727-2834.

**The Board of Health has 30 days to review this application. After the review process a pre-opening inspection will be completed.**

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Reminder: The applicant for a food permit must ultimately satisfy not only these Board of Health requirements, but also must meet with additional town officials and/or departments and satisfy the requirements of the Building Code, Electrical Code, Plumbing Code, Fire Code, etc. It is the responsibility of the applicant to determine what additional approvals or permits are necessary

## **Documents Required to be Completed and Submitted by Applicant**

- \_\_\_\_\_ A copy of a current (within the past five years) Food Manager Certification from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment.
- \_\_\_\_\_ A copy of a current Allergen Awareness Certification.
- \_\_\_\_\_ A copy of a current Choke Saver Certification if your establishment will have 25+ seats.
- \_\_\_\_\_ Proposed menu(s) including seasonal, off-site, take-out and catering menus.
- \_\_\_\_\_ Consumer Advisory and Allergen Awareness Statement should be written in the correct format on the menu. Consumer Advisory is needed if foods are served raw, undercooked, or cooked to order. Proper format includes disclosure and reminder statement.
- \_\_\_\_\_ A listing of all food suppliers intended for use by the establishment, and a copy of their wholesale license.
- \_\_\_\_\_ A copy of a “personalized” employee illness policy to your specific establishment.
- \_\_\_\_\_ Site plan showing location of business in building; location of building on-site including alleys, streets; and location of any outside equipment (dumpsters, grease barrels) and, if applicable, well and septic system. Include the location, size and specifications for the proposed grease traps/ removal technology.
- \_\_\_\_\_ Floor plans (that are a minimum of 18 x 24 inches in size) accurately drawn to a minimum scale of 1/4 inch = 1 foot showing each area where food or beverages are stored, prepared or served. Each piece of food equipment intended for use must be represented, in approximate scale, in its intended location on the plan. Each piece of equipment must be sequentially numbered and these numbers are to correspond to an accompanying “Food Equipment Schedule” (please see below). Drawings must also indicate location and number of all sinks including designated “hand washing only” sinks, food preparation sinks, ware -washing facility and “mop”/wastewater sinks, loading and receiving areas, entrances and exits, dressing rooms, locker areas, employee rest areas, and designated areas for storing chemicals and paper products.
- \_\_\_\_\_ Appropriate codes should be listed on the Floor Plan. These include the 1999 Federal Food Code and 105 CMR 590.000 (mentioned above).
- \_\_\_\_\_ Food Equipment Schedule - A numbered list of each major piece of equipment proposed for use in the food establishment that includes a brief description, make and model numbers. The numbers assigned on the schedule will correspond to numbered

equipment drawn on the floor plans. Include beverage dispensers, coffee makers, rapid cooling or hot holding equipment and registers.

\_\_\_\_\_ Manufacturers specification or “cut” sheets for each piece of equipment shown on the plan. Note: All food handling equipment must be of durable construction, made of food grade materials, and certified for sanitary design by an ANSI accredited certification program, typically National Sanitation Foundation (NSF), or by Underwriters Laboratory, (UL).

\_\_\_\_\_ Copy of contract with pest control company, dumpster company, and grease removal company.

\_\_\_\_\_ If requested by this office, include overlay drawings for the plumbing details including location, size and type of wastes(direct or indirect), floor drains, floor sinks, backflow prevention devices, potable and non-potable water lines, waste-water lines, hot water generating equipment, hot water boosters, and grease containment/capture systems and gas supply lines.

\_\_\_\_\_ If this establishment is/will be serviced by a public or private well, submit a copy of current water quality test results and documentation showing the well was approved by the required state or local department or that an application for approval was submitted.

\_\_\_\_\_ If requested by this office, include overlay drawings for the electrical details including location of electrical supply panels, location and voltage of outlets. In addition, include a diagram of the interior lighting details that meets or exceeds FDA Food Code requirements:

- (1) At least 110 lux (10 foot candles) at a distance of 30 inches above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
- (2) At least 220 lux (20 foot candles):
  - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
  - (b) Inside equipment such as reach-in and under-counter refrigerators;
  - (c) At a distance of 30 inches above the floor in areas used for hand washing, ware washing, equipment and utensil storage, and in toilet rooms; and

- (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

\_\_\_\_\_ A copy of a Hazard Analysis Critical Control Point (HACCP) Plan, if applicable, describing policies, procedures, employee training, documentation, etc. to ensure safe handling of high risk foods or processes as described in the 1999 FDA Food Code and/or 105 CMR 590.000. Please read below.

### **HACCP:**

Specialized Processes present a significant health risk if not conducted under strict operational procedures. HACCP plans and modified HACCP plans are implemented to eliminate or significantly reduce targeted hazards that may contribute to foodborne illness.

### **SPECIALIZED PROCESSES REQUIRING A HACCP PLAN AND BOARD OF HEALTH VARIANCE**

- Using food additives or adding components such as vinegar as a method of food preservation or to render a food so that it is not potentially hazardous. (i.e. acidified rice)
- Use of unpasteurized shell eggs in Highly Susceptible Population operations to prepare food in quantities other than single service portions.
- Packaging food using Reduced Oxygen Packaging (ROP) except where a barrier to *Clostridium botulinum* in addition to refrigeration exists.
- Custom processing animals in a food establishment that are for personal use as food and not for sale or service in a food establishment.
- Molluscan shellfish tanks used to store and display shellfish that are offered for human consumption.
- Smoking and Curing food as a method of food preservation rather than flavor enhancement.

### **OPERATION REQUIRING A MODIFIED HACCP PLAN AND BOARD OF HEALTH VARIANCE**

- Using time only, rather than time in conjunction with temperature, as a public health control for a working supply of potentially hazardous food before cooking, or for ready to eat potentially hazardous food before cooking, or ready to eat potentially hazardous food that is displayed or held for service for immediate consumption.

### **OPERATION REQUIRING A MODIFIED HACCP PLAN AND BOARD OF HEALTH APPROVAL**

- Alternative procedure for bare hand contact with ready to eat food.

If you intend to conduct any of the above mentioned specialized processes or operations in your establishment, please contact the Board of Health at 781-275 –6507 for additional information.

# Food Handling Procedures

**NOTE:** Each food service operation will have different considerations: i.e., Will foods need to be thawed prior to cooking? Will foods be cooked and immediately served, or will they be prepared in advance requiring cooling? Will foods require reheating, hot holding or cold holding prior to service? In addition, how frequently supplies will be delivered is an important factor in determining the amount of refrigerated, frozen and dry food storage space required. High volume operations with extended hours of operation or those that prepare foods “from scratch” may require increased equipment capacity and storage space.

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY**

## **FOOD SUPPLIES:**

**Note:** All food supplies must come from state or federally inspected, approved and licensed food processors, manufacturers and/or distributors.

**What are the projected frequencies of deliveries for:**

frozen foods \_\_\_\_\_  
refrigerated foods \_\_\_\_\_  
dry goods \_\_\_\_\_

**Provide information on the TOTAL amount of space (in cubic feet) allocated for:**

frozen storage \_\_\_\_\_  
refrigerated storage \_\_\_\_\_  
dry storage \_\_\_\_\_.

Describe how dry goods in storage will be protected from contamination, moisture and pests.

\_\_\_\_\_  
\_\_\_\_\_

## **COLD STORAGE:**

**Note:** Adequate and approved freezer and refrigeration must be available to store frozen foods at 0°F or below and refrigerated foods at 41°F or below? Each storage or display refrigerator and freezer holding Potentially Hazardous Food (PHF) must be equipped with a working and accurate thermometer.

If raw meats, poultry and seafood are stored in the same refrigerators with cooked/ready-to-eat foods, how will cross-contamination be prevented?

\_\_\_\_\_  
\_\_\_\_\_

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD (PHF):**

Please indicate how you plan to thaw the (PHF) items on your proposed menu. More than one method may apply. Also, indicate as appropriate, where thawing will take place.

THAWING METHOD	LARGE OR BULK FROZEN FOODS	PORTIONED FROZEN FOODS
Under Refrigeration		
Running Water, Less than 70°F		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

**FOOD PREPARATION:**

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

Category	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	_____	_____
2. Thick Meats (roast beef, whole turkey, chicken, hams)	_____	_____
3. Cold processed foods (salads, sandwiches, vegetables)	_____	_____
4. Hot processed foods (soups, stews, rice/noodles, gravy, pizza, casseroles)	_____	_____
5. Bakery goods (pies, custards, cream fillings & toppings)	_____	_____
6. Other _____		
_____		
_____		



Please list all food items that will be prepared more than 12 hours in advance of service.

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Describe the procedures used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

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Where raw meats, poultry and seafood are prepared in the same work areas or using the same equipment as cooked/ready-to-eat foods, how will cross-contamination be prevented?

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Is ice made on premises ☐ or purchased commercially ☐ ?

If made on premise, are specifications for the ice machine provided? YES ☐ NO ☐

Describe provision for ice scoop storage: \_\_\_\_\_

If ice will be made on premises and bagged for resale, please describe the location of ice maker, bagging operation and holding equipment:

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### **COOKING:**

**Note:** Minimum FDA Food Code cooking time and temperatures of product utilizing convection and conduction heating equipment are as follows:

- |   |                                    |
|---|------------------------------------|
| • beef roasts                           | 130°F (121 min) or 145° F (15 sec) |
| • solid seafood pieces                  | 145°F (15 sec)                     |
| • other PHFs                            | 145°F (15 sec)                     |
| • eggs or items made with eggs          | 145°F (15 sec)                     |
| • pork/lamb/veal, roasts, steaks, chops | 145°F (15 sec)                     |
| • chopped/ground meats/fish             | 155°F (15 sec)                     |
| • all poultry items                     | 165°F (15 sec)                     |
| • stuffed meat or pasta or stuffing     | 165°F (15 sec)                     |
| • any microwaved PHFs                   | 165°F (15 sec)                     |

Food product thermometers must be used to measure final cooking/reheating temperatures. What type of temperature measuring device are you planning on using?

Please list all animal foods that you plan to serve which will/may be raw, undercooked (not cooked to the above listed minimum temperatures) or not otherwise processed to eliminate pathogens. Also list Ready-to-Eat foods that will / may contain raw or undercooked ingredients. Please note that these foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients, and a proper Consumer Advisory must be plainly printed on your menu(s) and/or menu board warning consumers of the increased risk of illness with eating raw or undercooked animal foods.

**HOT/COLD HOLDING:**

How will hot PHFs be maintained at 140°F or above when on display or during holding for service? Indicate type and number of hot holding units.

How will cold PHFs be maintained at 41°F or below when on display or during holding for service? Indicate type and number of cold holding units.

If you plan to use “Time as a Public Health Control” for a working supply of PHFs before cooking, or Ready-to-Eat PHFs to be displayed or held for service for immediate consumption please list applicable foods. Also submit with this application the appropriate written HACCP procedures for complying with 3-501.19: Time as a Public Health Control and, if applicable, 3-501.14: Cooling and a Variance Request form.

**COOLING:**

**Note:** Improper cooling of foods is indicated as the **NUMBER ONE CAUSE** of Foodborne Illnesses. Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F within 6 hours, 140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours.

<b>COOLING METHOD</b>	<b>THICK MEATS</b> More than 1" thick	<b>THIN MEATS</b> One inch or less	<b>THIN SOUPS/ GRAVY</b>	<b>THICK SOUPS/ GRAVIES/ CHILLIES</b>	<b>RICE/ NOODLES/ CASSEROLES/ LEFTOVERS</b>
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Blast Chill					
Other Methods (describe)					

**REHEATING:**

How will PHFs that are cooked and cooled be rapidly reheated so that all parts of the food reach a temperature of at least 165° F within two hours? Indicate type and number of units used for reheating foods.

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**SERVING:**

If there are any customer self service areas/stations, please describe how foods and utensils will be protected from contamination by the customer.

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## **EMPLOYEE CONSIDERATIONS**

Number of Staff (maximum per shift): \_\_\_\_\_

Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES ☐ NO ☐

Will food employees be trained in food sanitation practices? YES ☐ NO ☐

*Please describe method of training:*

\_\_\_\_\_  
\_\_\_\_\_

Food employees and applicants who have received a conditional offer of employment are required to notify management when they are experiencing symptoms of or diagnosed with an illness that can be spread through food. Employers must determine what actions are to be taken in accordance with 590.003 (D) and FC 2-201.12 Exclusions and Restrictions. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES ☐ NO ☐ *Please describe briefly and submit policy:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are dressing rooms provided? YES ☐ NO ☐

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

\_\_\_\_\_  
\_\_\_\_\_

## **HANDWASHING/TOILET FACILITIES**

**Note:** Hand washing sinks must be dedicated to that use only, and designated with signage, e.g., "Handwashing Only"

Are handwashing sinks in each food preparation and warewashing area? YES ☐ NO ☐

Do all handwashing sinks, including those in the restrooms, have hot and cold water under pressure with a mixing valve or combination faucet? YES ☐ NO ☐

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ☐ NO ☐

Is hand soap available at all handwashing sinks? YES ☐ NO ☐

Are disposable paper towels or air blowers available at all handwashing sinks? YES ☐ NO ☐

Are covered waste receptacles available in each restroom? YES ☐ NO ☐

Is an employee handwashing reminder sign posted in each restroom? YES ☐ NO ☐

Are all toilet room doors self-closing? YES ☐ NO ☐

Are all toilet rooms equipped with ventilation to the outside? YES ☐ NO ☐

### **SINKS**

Is a mop sink present? YES ☐ NO ☐

Mop sinks must be equipped with waterproof barriers on the sides and back of sink.

Please describe where you would hang wet mops and other like equipment:

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If the menu dictates, is a food preparation sink present? YES ☐ NO ☐

### **WAREWASHING FACILITIES**

Will sinks or a dishwasher be used for washing dishes, utensils, etc.?

Dishwasher ☐

Three compartment sink ☐

Combination of both ☐

If Dishwasher: Please indicate type of sanitization method used:

“High Temperature” (hot water with booster heater for final rinse) ☐

“Low Temperature” (chemical type, sanitizer added to final rinse) ☐

Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ☐ NO ☐

Is ventilation for dish machine provided? YES ☐ NO ☐

Where three compartment sinks are used for sanitizing pots, utensils, etc, does the largest pot or pan used fit into each compartment of the pot sink? YES ☐ NO ☐

Are there drain boards on both ends of the pot sink? YES ☐ NO ☐

What type of sanitizer is used in the sanitizing compartment ?

Chlorine ☐

Iodine ☐

Quaternary ammonium ☐

Hot Water ☐ Must be designed with an integral heating device

Are test papers/kits available for checking sanitizer concentration? YES ☐ NO ☐

Where will the clean and sanitized items be stored?

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Please describe the procedure for manual cleaning and sanitizing of oversized or “clean-in-place” (CIP) equipment, slicers, mixers, etc. and any CIP dispensing equipment? Please list all CIP.

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## **EQUIPMENT INSTALLATION**

**Note:** Food Service equipment must be located and installed in such a way as to facilitate ease of routine cleaning. Food preparation/work tables and sinks should be installed with back splashes and/or sealed to the wall, or set-off the wall with adequate space between for cleaning, or movable. Heavy cooking equipment must either be installed leaving space for easy access for cleaning under and behind and between pieces or be mounted on casters and with “Quick-Disconnects” to utility lines to allow for movement.

## **FINISH SCHEDULE**

**Note:** Materials selected for floors, walls and ceilings must be durable and appropriate to the area and its intended use. For high moisture work areas or where there may be food splash, the surfaces must be non-absorbent, smooth and easily cleanable. Installed materials must be tight fitting and properly sealed with no voids that might collect debris and/or harbor pests. Applicant must indicate which materials will be used in the following areas, i.e. sealed cement, quarry tile, 4" plastic coved molding, stainless steel, dry wall, Fiberglass Reinforced Polyester (FRP), vinyl faced panels, etc. See reference material provided in Part Two of this guide.

	Floors	Walls	Ceilings	Floor/Wall Joint
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

## **INSECT AND RODENT CONTROL**

Will all outside doors be self-closing and rodent proof? YES ☐ NO ☐ NA ☐

Are screen doors provided on all entrances left open to the outside? YES ☐ NO ☐ NA ☐

Do all openable windows have minimum #16 mesh screening? YES ☐ NO ☐ NA ☐

Is the placement of electrocution devices identified on the plan? YES ☐ NO ☐ NA ☐

Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? YES ☐ NO ☐ NA ☐

Is area around building clear of unnecessary brush, litter, boxes and other harborage?

YES ☐ NO ☐ NA ☐

Will air curtains be used? YES ☐ NO ☐ NA ☐

If yes, where? \_\_\_\_\_

Do you now have, or plan to have a contract with a pest control operator? YES ☐ NO ☐

If yes, what will the frequency of inspections/treatments be? \_\_\_\_\_

**GARBAGE (food waste) AND REFUSE (paper, cardboard, packaging, etc)**

**INSIDE**

Do all receptacles have lids? YES ☐ NO ☐ NA ☐

Will refuse be stored inside? YES ☐ NO ☐ NA ☐

If so, where? \_\_\_\_\_

Is there an area designated for receptacle or floor mat cleaning? YES ☐ NO ☐ NA ☐

If so, where? \_\_\_\_\_

Is there a designated area to store returnable damaged goods or out of code items?

YES ☐ NO ☐ NA ☐

Please describe the location(s)

\_\_\_\_\_  
\_\_\_\_\_



**OUTSIDE**

Will a dumpster be used? YES ☐ NO ☐ NA ☐

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pickup \_\_\_\_\_

Contractor \_\_\_\_\_

Will a compactor be used? YES ☐ NO ☐ NA ☐

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pick up \_\_\_\_\_

Contractor \_\_\_\_\_

Will garbage receptacles be stored outside? YES ☐ NO ☐ NA ☐

Describe surface and location where dumpster/compactor/garbage cans are to be stored

\_\_\_\_\_

Describe location of grease storage receptacle

\_\_\_\_\_

Is there an area to store recycled containers? YES ☐ NO ☐ NA ☐

Describe

\_\_\_\_\_

Indicate what materials will be recycled:

☐ Glass

☐ Metal

☐ Paper

☐ Cardboard

☐ Plastic

## **PLUMBING CONNECTIONS**

**Note:** The FDA Food Code plumbing requirements do not replace or supercede the State Plumbing Code, instead it highlights potential hazardous circumstances and particular types of equipment common to food service operations that, through improper design or installation, could result in contamination of either sanitary food vessels or of the potable water supply. See reference materials provided in Part Two of this guide. Please indicate below that the proposed equipment in your establishment will be properly installed.

<b>Equipment</b>	<b>Code Requirement(s)</b>	<b>Confirmed by Operator (Please initial)</b>	<b>Describe / Comments</b>
Dish Machine	Backflow prevention device		
	Indirect waste or direct waste through floor drain		
Potato Peeler	Backflow prevention device		
Steam Jacketed Kettle	Backflow prevention device		
	Indirect waste		
Steamer	Backflow prevention device		
	Indirect waste		
Combi Oven	Backflow prevention device		
	Indirect waste		
Submerged water inlets in Garbage Disposals, or Dish Table troughs	Backflow prevention device		
At all hose connections	Backflow prevention device		
Garbage Can Washer	Backflow prevention device		
Carbonated beverage dispenser	Carbonator backflow prevention device		
Refrigerator condensate / drain lines	Indirect waste		
Ice machine or ice storage bins	Indirect waste		
All sinks	Air gap		
Ice cream dipper wells	Air gap		
Other, Describe			

## **WATER SUPPLY**

**Note:** It is essential that sufficient potable water, at appropriate temperatures, under pressure be available at all times, including at peak demand periods.

What is the capacity and recovery rate of the hot water generator?

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Is the hot water generator sufficient for the needs of the establishment? **Provide/Attach calculations for necessary hot water.** See reference material provided in Part Two of this guide.

Is there a water treatment device or a "Misting System" for produce? YES ☐ NO ☐  
If yes, how will the device be inspected & serviced?

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## **SEWAGE DISPOSAL**

Is the establishment to be serviced by municipal sewer ☐ or an on-site septic system ☐.

If on-site septic system, is it approved for proposed use? YES ☐ NO ☐ PENDING ☐  
(Please attach copy of written approval and/or permit.)

## **GREASE TRAPS**

Are interior grease traps provided? YES ☐ NO ☐  
If so, please describe location and capacity of each

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Provide schedule for cleaning & maintenance

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Are exterior grease traps provided? YES ☐ NO ☐

If so, please provide service contractor name, address and phone number and a copy of the contract

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## **VENTILATION**

**Note:** Ventilation systems must be correctly designed sized and installed to both satisfy the Fire Code requirements and to meet the specific needs of the operation and equipment selected in order to properly control/remove heat, humidity, odors, smoke and grease laden air. See reference material provided in Part Two of this guide. Indicate below all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

How is each listed ventilation hood system cleaned? Please indicate frequency of cleaning

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## **TOXINS**

All toxic chemicals for use on the premise or for retail sale (i.e., pesticides, cleaners, sanitizers, solvents, personal medications, etc.) must be stored and/or displayed in a manner that eliminates the possibility of contamination of food items or single service disposables (i.e., paper plates, cups, plastic ware, etc.). Please describe how you will do this.

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Are all containers of toxics including sanitizing spray bottles clearly labeled? YES ☐ NO ☐

Where will Material Safety Data Sheets (MSDS's) be displayed? \_\_\_\_\_

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## **LAUNDRY**

Will linens, towels, uniforms, etc. be laundered on site? YES ☐ NO ☐

If yes, what will be laundered and where

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Is a laundry dryer available? YES ☐ NO ☐ If yes, will the dryer be vented to the outside? YES ☐ NO ☐

Location of clean linen storage:

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Location of dirty linen storage:

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**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Office may nullify final approval.**

Signature(s) of owner(s) or responsible representative(s)

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Print name(s) of owner(s) or responsible representative(s)

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Date: \_\_\_\_\_

**Approval of these plans and specifications by the Health Office does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.**

**Approval of these plans and specifications by the Health Office does not indicate compliance with any other federal, state, or local code, law or regulation that may be required.**